



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION  
600 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CALIFORNIA 90012



**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

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June 8, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**FILED**  
**2006 JUN -8 AM 10:13**  
**BOARD OF SUPERVISORS**  
**COUNTY OF LOS ANGELES**

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT  
(ALL DISTRICTS AFFECTED – 3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 11054969 in amount of \$4,797.00  
Account Number 10967443 in amount of \$1,109.09  
Account Number 10817486 in amount of \$3,146.22  
Account Number 10856053 in amount of \$41,093.47  
Account Number 10909628 in amount of \$36,250.00

**JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

**IMPLEMENTATION OF STRATEGIC PLAN GOALS:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

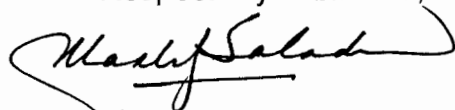
**FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

**PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:SFJ:ts  
X:Comp.83

Attachments

c: Chief Administrative Officer  
County Counsel

APPROVED  
RAYMOND G. FORTNER, JR.  
County Counsel

by   
Principal Deputy County Counsel

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 83A  
DATE: June 8, 2006

Amount of Aid	\$349,193.00	Account Number	11054969
Amount Paid	0.00	Name	Adult Female
Balance Due	349,193.00	Service Date	05/11/04 to 06/10/04
Compromise Amount Offered	4,797.00	Facility	MLK Medical Center
Amount to be Written Off	\$344,396.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at MLK Medical Center at a cost of \$349,193.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	404.30	404.30	2.70%
Los Angeles Fire Department	919.50	919.50	6.13%
County of Los Angeles	349,193.00	4,797.00	31.98%
Net to Client	N/A	3,879.20	25.86%
<b>Total</b>	<b>\$355,516.80</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives public assistance from the County of Los Angeles to support herself and her family of two. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 83B  
DATE: June 8, 2006

Amount of Aid	\$26,516.00	Account Number	10967443
Amount Paid	0.00	Name	Adult Female
Balance Due	26,516.00	Service Date	6/16/02 to 10/10/02
Compromise Amount Offered	1,109.09	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$25,406.91	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$26,516.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$3,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 875.00	\$ 875.00	25.00%
Attorney Cost	100.00	100.00	2.86%
American Medical Response	581.05	24.25	0.69%
County of Los Angeles	26,516.00	1,109.09	31.69%
Net to Client	N/A	1,391.66	39.76%
<b>Total</b>	<b>\$28,072.05</b>	<b>\$3,500.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is a retired resident of the Philippines. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
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TRANSMITTAL NO. 83C  
DATE: June 8, 2006

Amount of Aid	\$72,984.00	Account Number	10817486
Amount Paid	0.00	Name	Adult Female
Balance Due	72,984.00	Service Date	2/21/03 to 3/04/03
Compromise Amount Offered	3,146.22	Facility	LAC USC Medical Center
Amount to be Written Off	\$69,837.78	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$72,984.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,333.33	\$ 3,333.33	33.33%
Gilbert Gomez, D.C.	3,719.25	160.34	1.60%
Los Angeles Fire Department	621.25	26.78	0.27%
County of Los Angeles	72,984.00	3,146.22	31.47%
Net to Client	N/A	3,333.33	33.33%
<b>Total</b>	<b>\$80,657.83</b>	<b>\$10,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

**DATA FOR COMPROMISE SETTLEMENT**

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 83D  
DATE: June 8, 2006

Amount of Aid	\$74,934.00	Account Number	10856053
Amount Paid	0.00	Name	Adult Female
Balance Due	74,934.00	Service Date	11/05/03 to 4/29/04
Compromise Amount Offered	41,093.47	Facility	LAC USC Medical Center
Amount to be Written Off	\$33,840.53	Service Type	Inpatient/Outpatient

**JUSTIFICATION**

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$74,934.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$220,000.00 and proposes the following disbursement:

<b>Disbursements</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
Attorney Fees	\$ 73,333.33	\$ 73,333.33	33.33%
Attorney Cost	4,173.00	4,173.00	1.90%
Cole Schaefer Ambulance	775.00	546.00	0.25%
Pomona Valley Hospital Med. Center	1,067.32	885.60	0.40%
CA Emergency Physicians	207.00	207.00	0.09%
Memrad Medical Group	35.00	35.00	0.02%
Jacob Tauber, M.D.	11,700.00	5,850.00	2.66%
Kevin Aminian, M.D.	1,750.00	875.00	0.40%
Burbank Advanced Radiology	2,860.00	1,573.00	0.72%
Yakov B. Treyzon, M.D.	673.50	550.00	0.25%
Roberta Kung, M.D.	2,610.00	1,305.00	0.59%
VQ Orthocare	1,522.50	761.25	0.35%
Wilshire Surgery Center	27,338.00	13,600.00	6.18%
Westcliff Medical Lab	97.00	97.00	0.04%
Ilan Tamir, M.D.	2,851.25	1,425.00	0.65%
Ario Fakheri, M.D.	1,158.14	810.70	0.37%
Omega Physical	1,622.00	970.00	0.44%
County of Los Angeles	74,934.00	41,093.47	18.67%
Net to Client	N/A	71,909.65	32.69%
<b>Total</b>	<b>\$208,707.04</b>	<b>\$220,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her son. She has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 83E  
DATE: June 8, 2006

Amount of Aid	\$112,026.00	Account Number	10909628
Amount Paid	0.00	Name	Adult Male
Balance Due	112,026.00	Service Date	10/6/04 to 10/29/04
Compromise Amount Offered	36,250.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 75,776.00	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$112,026.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$125,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 50,000.00	\$ 50,000.00	40.00%
Attorney Cost	4,343.81	2,829.81	2.26%
Brotman Medical Center	3,349.74	2,349.74	1.88%
Nehrdad Ganjianpour, M.D.	3,475.00	2,475.00	1.98%
Joint Effort Medical Wellness PT	4,642.23	3,642.23	2.91%
Western Radiology Medical Group	215.00	115.00	0.09%
CA Emergency Physicians	2,590.00	1,590.00	1.27%
County of Los Angeles	112,026.00	36,250.00	29.00%
Net to Client	N/A	25,748.22	20.61%
<b>Total</b>	<b>\$180,641.78</b>	<b>\$125,000.00</b>	<b>100.00%</b>

Our financial statement reveals that the client lives with a friend. He has no other source of income or tangible assets.